

NOTICE ABOUT CHANGE TO EMPLOYABLE STATUS

DISTRICT NAME/ADDRESS

CASE NUMBER:

CASE NAME:

DATE:

WORKER NAME:

WORKER PHONE:

WORKER FILE:

DISTRICT NAME/ADDRESS

CLIENT NAME AND ADDRESS

IMPORTANT NOTICE: YOU HAVE BEEN DETERMINED TO BE EMPLOYABLE.

Your current temporary disability ends on

As a result, you become an employable client and must complete all employable requirements. You may receive any of the following: work registration, Appointment Notice for GROW (General Relief Opportunities for Work). Please be sure to read and follow the instructions on the form.

It is important that you follow the employable requirements. If you do not, your General Relief may be stopped and you may receive a penalty.

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CLIENT NAME AND ADDRESS

IMPORTANT NOTICE: YOU HAVE BEEN DETERMINED TO BE EMPLOYABLE.

As a result of your recent medical evaluation, you have been determined to be n employable client and must complete all employable requirements. You may receive any of the following: work registration, Appointment Notice for GROW (General Relief Opportunities for Work). Please be sure to read and follow the instructions on the form.

If you do not agree with the results of the medical evaluation, you may call your Eligibility Worker to ask for a review of your medical records. During the review, you will not have to complete any employable requirements. If the review shows that your are still employable, you will receive new employable forms.

You cannot ask for another review.

It is important that you follow the employable requirements. If you do not, your General Relief may be stopped and you may receive a penalty.